

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH

*Access Request Denial Letter*

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Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Denial of Request to Access Protected Health Information

Dear \_\_\_\_\_:

The Department of Mental Health (DMH) has received the attached request from you to inspect and/or copy Protected Health Information (PHI). Your request has been denied. (ATTACH A COPY OF THE REQUEST FORM.)

Your request has been denied for the following reason(s):

- ☐ Request not made by the appropriate individual
  - ☐ Personal Representative's authority to act on the individual's behalf was not stated or verified
  - ☐ PHI was not created by DMH. It was created by: \_\_\_\_\_
  - ☐ DMH policy does not permit you to inspect the PHI
  - ☐ PHI is not part of a Designated Record Set and/or is not maintained by DMH
- DMH recommends you direct this request to (complete if known):  
\_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ You have the right to appeal this denial. Your appeal must be in writing, with specifics as to why you should be given access, and sent to: \_\_\_\_\_

☐ You do not have the right to appeal this decision.

You may file a complaint with: DMH Privacy Officer, 25 Staniford Street, Boston, MA. 02114, (617) 626-8160, and/or the Office for Civil Rights, U.S. Secretary of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203

Sincerely,

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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